

APPLICATION FOR A REVISED DISABILITY ACCESS CERTIFICATE

Form RDAC-022016

**Comhairle Contae Chorcaí
Cork County Council**Fire & Building Control Dept., Westpoint Business Campus,
Link Road, Ballincollig, Co. Cork.

Tel: 021 4304077

Fax: 021 4666838

ALL RELEVANT SECTIONS MUST BE COMPLETED

Application is hereby made under Part IIIB of the Building Control Regulations 1997 to 2009 for a Revised Disability Access Certificate in respect of proposed works or building to which the accompanying plans, calculations and specifications apply.

Original Disability Access Certificate Application Reference No.: _____

Reason for Revised Disability Access Certificate Application: _____

Planning Permission Ref. No.: _____

1. APPLICANT: Is the applicant - **The Building Owner** ☐ **The Leaseholder of the Building** ☐

NAME of Applicant: _____

ADDRESS of Applicant: _____

PHONE No. of Applicant: _____

SIGNATURE of Applicant: _____ **Date** _____**Print Name:** _____

Role of Signee: _____ (role within the company/entity where the applicant is a company or organization)

Owner of works or building (if different to above)

FULL NAME: _____

ADDRESS: _____

2. Name and address of person(s) or firm(s) to whom notifications should be forwarded

Owner / Leaseholder / Designer / Developer / Builder – delete as appropriate

Phone No.: _____ Email: _____

3. Name and address of person(s) or firm(s) responsible for preparation of accompanying plans, calculations and specifications.

4. Address (or other necessary identification) of the proposed works or building to which the application relates.

5. Description of changes to the proposed works or building from original application.

6.

Original Application

Revised Application

Site area	<hr/>	<hr/> (sq. metres)
Number of basement storeys	<hr/>	<hr/>
Number of storeys above ground level	<hr/>	<hr/>
Height of top floor above ground level	<hr/>	<hr/> (metres)
Floor area of building	<hr/>	<hr/> (sq. metres)
Total area of ground floor	<hr/>	<hr/> (sq. metres)

7. Amount of Fee (accompanying this application) €

Method of Payment: ☐ Cheque ☐ Card ☐ EFT

Payment Date:

Notes for Completing the Form:

1. The Applicant must be the Owner or Leaseholder – which of these applies must be indicated in Section 1 by ticking the appropriate box.
2. The Applicant may be a Company, Board of Management, Sports Club or other entity.

If this is the case –

- a. The name of the company or entity should be entered as the 'Name of Applicant'
- b. The form must be signed by someone within that company or other entity
- c. The name of the person signing the form, and their role within that company or entity, should be entered in Section 1
- d. The contact Phone Number for the person signing the form should be given.

Payment by Electronic Funds Transfer:

If a payment is being made by Electronic Funds Transfer (EFT), sufficient reference information should be included in the transfer details to allow the Council to identify a particular payment as being made in relation to a specific application. This should include the applicant's name and some part of the address and/or description of the works as appropriate.

Account Details for payments:

IBAN IE03 AIBK 9341 7870 4052 18

BIC AIBKIE2D AIB, 66 South Mall, Cork